


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90227 005 \*\*\*150.00

**DOCUMENT # P99000062992**

1. Entity Name  
**MEDIA PLANNING INTERNATIONAL CORPORATION**



Principal Place of Business  
**80 SW 8TH STREET  
SUITE 1880  
MIAMI FL 33130-3004**

Mailing Address  
**80 SW 8TH STREET  
SUITE 1880  
MIAMI FL 33130-3004**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0938786** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE. 3000  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>DPCE</b>	<input type="checkbox"/> Delete
NAME	<b>ACEBO LOPZ DORIGA, ALVARO</b>	
STREET ADDRESS	<b>80 SW 8TH STREET SUITE 1880</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>VILA, ALFONSO R</b>	
STREET ADDRESS	<b>80 SW 8TH STREET SUITE 1880</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VILA, FERNANDO</b>	
STREET ADDRESS	<b>80 SW 8TH STREET SUITE 1880</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CFO / Chief Financial Officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gary Melarry</b>	
STREET ADDRESS	<b>185 Broadway</b>	
CITY-ST-ZIP	<b>New York NY 10007</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* Date: **2/12/03** Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)